PTO/SB/06 (08-03) Approved for use Gvough 7/31/2006, CMB 0551-0032
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Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless & displays a valid CMB control number. Application or Doctret Murriber 10612418 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Cohumn 2) (Column 1) RATE FEE NUMBER FILED MUNICIPER EXTRA RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAMS 90 minus 20 = X S OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS (37 CFR 1.16(b)) 168 2 . X S OR entrus 3 e CR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 2) (Cotemn 1) HIGHEST CLASUS PRESENT ADDI-TIONAL RATE ADDI MIMBER REMAINING TIONAL PREVIOUSLY **EXTRA** AFTER FFF FEE PAID FOR Total promitted a 25 OR ¥ 5 AMENDM OR FRET PRESENTATION OF MALTIPLE DEPONDERT CLAIM (OF CFR 1.16(4)) OR + 8 TOTAL ADOL FEE TOTAL ADD'L FEE OR 918105 (Column 3) (Column 2) (Column 1) HIGHEST CLARES PRESENT ADDI-TIONAL RATE ADDI-2 RATE REMAINING MINNER TIONAL PREVIOUSLY EXTRA Ē AFTER PAID FOR Total prominen MALE OR ENDM Minus X \$ OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4)) TOTAL TOTAL ADD'L FEE OR ADO'L FEE Ukicoarma 1) (Cotumn 2) (Column 3) HIGHEST CLAIMS ADDI-TIONAL FEE RATE ADDI-RATE O REMAINING NUMBER PREVIOUSLY **EXTRA** AFTER ENDMENT FEE PAID FOR Total (37 GFR 1.4R4) OΩ Minus . OR L OR PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.18(4)) TOTAL TOTAL ADD'L FEE ADD'L FEE OR

\* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

\*\* If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

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